## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 603 319

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |                          |                                |              | mn 2)            |          | SMALL ENTITY TYPE   |                        | OR       | OTHER THAN          |                        |  |
|---|---|---|--------------------------|--------------------------------|--------------|------------------|----------|---------------------|------------------------|----------|---------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 10                       |                                |              |                  |          | RATE                | FEE                    |          | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED             |                                | NUMB         | ER EXTRA         |          | BASIC FEE           | 375.00                 | OR       | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | ( D <sub>minus 20=</sub> |                                | • (1)        |                  |          | X\$ 9=              | ·.                     | OR       | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =                |                                |              |                  |          | X42=                |                        | OR       | X84=                | 1                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                          |                                | 7            |                  |          | +140=               |                        | OR       | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "C                           |   |   |                          |                                | "0" in c     | column 2         | •        | TOTAL               |                        | OR       | TOTAL               | TO                     |  |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |   |                          |                                |              |                  |          | SMALL E             | NTITY                  | OR       | OTHER<br>SMALL      |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | · 10                                      | Minus                    | ** )                           | 0            | = -              |          | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|   | Independent   | * /                                       | Minus                    | *** 2                          | <u> </u>     |                  |          | X42=                |                        | OR       | X84=                |                        |  |
| L   | FIRST PRESE   | NTATION OF MI                             | ULTIPLE DEI              | PENDENT                        | CLAIM        | <u> </u>         | 1        | +140=               |                        | OR       | +280=               |                        |  |
|   |   |   |                          |                                |              |                  |          | TOTAL               |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|   |   | (Column 1)                                |                          | (Colur                         | nn 2)_       | (Column 3)       |          | ADDIT. FEE          | •                      |          | ADDIT: 1 EC         |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID  | BER          | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                    | **                             |              | =                |          | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|   | Independent   | *   | Minus                    | RATA                           |              |                  |          | X42=                |                        | OR       | X84=                | ·                      |  |
| L   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEI              | PENDENT                        | CLAIM        | <u> </u>         | ]        | +140=               |                        | OR       | +280=               |                        |  |
| <u> </u>  |   |   |                          |                                |              |                  |          | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                          |                                |              |                  |          |                     |                        |          |                     |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                    | **                             |              | =                | ] [      | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|   | Independent   | •   | Minus                    | ***                            |              |                  | 11       | X42=                |                        | OR       | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                          |                                |              |                  | <b>J</b> | +140=               |                        |          | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                          |                                |              |                  |          |                     |                        | OR<br>OR | TOTAL               |                        |  |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                          |                                |              |                  |          |                     |                        |          |                     |                        |  |